



KANSAS ORAL HEALTH PLAN

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Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH
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Dear fellow Kansans,

I am pleased to present to you the Kansas Oral Health Plan, the first statewide, collaborative and comprehensive action plan targeting oral health in Kansas. The Kansas Department of Health and Environment (KDHE) is committed to working closely with our partners around the state to advance oral health issues through education, surveillance and policy development. This living document will coordinate oral health efforts statewide to protect the health and quality of life for all Kansans.

Optimal oral health remains a challenge for many Kansans. Limited financial resources, lack of access to dental providers and lack of water fluoridation in all communities are just some of the barriers to oral health improvement. Fifty-five (55) percent of Kansas children have experienced dental decay by the time they reach third grade. Even though dental decay is preventable and treatable, many do not receive routine care. Untreated dental decay can lead to pain, tooth loss, and serious, sometimes deadly infections. Dental disease is a major cause of missed school and workdays.

It is time that we recognize that good oral health is essential to protect overall good health. Oral disease can contribute to systemic diseases such as diabetes and cardiovascular disease and has been associated with less than optimal birth outcomes in pregnant women. As is true with many serious health problems, poor oral health is most common in our most vulnerable citizens, including very young children, those living in poverty, the elderly and racial and ethnic minority groups.

KDHE recognizes that this plan would not be possible without the active participation of many partners, including the state oral health coalition, Oral Health Kansas, the Kansas Dental Association and the Kansas Dental Hygiene Association. We also recognize Kim Moore and the United Methodist Health Ministries Fund's long-standing support of oral health in Kansas and specifically their support of the Office of Oral Health at KDHE.

This statewide plan is a big step for the oral health community. Working together, we can ensure better oral health for all of us who live and work in Kansas.

Be well,

Roderick L. Bremby
Secretary, Kansas Department of Health and Environment

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November 2007

Dear Stakeholders:

Oral Health Kansas, the statewide oral health coalition, is a membership organization with over 160 multidisciplinary members, including both individuals and organizations that are passionate about increasing the oral health status of Kansans. Our mission is *to improve oral health in Kansas through advocacy, public awareness and education.*

The coalition is thrilled to be working closely with the Kansas State Office of Oral Health and has long visioned having a state oral health plan. The plan that follows was collaboratively written with stakeholders from across the state, ensuring that all voices and concerns were considered and included. Both Oral Health Kansas and the State Office of Oral Health look forward to working with our partners to ensure the plan's viability and impact over the next several years.

No matter where I go, Kansas leaders almost always express concern for the lack of access to dental care for their constituents. This is universally true for children, the elderly, individuals with disabilities and other special health care concerns, those living in poverty and especially for those living in rural areas of this state. Much of the passion of our members is driven by these continuing concerns, especially when it is so clear that oral health affects general health and well-being. Good oral health is not just about having a pretty smile, but also about being healthy. Mounting evidence demonstrates a clear connection between oral health and overall health, including conditions like heart disease, stroke, diabetes and pre-term, low birthweight babies. Our responsibility is to continue to take this message to state and federal policy makers and leaders to ensure that the importance of good oral health is not ignored or forgotten.

The good news for all of us is that oral disease is one that is almost completely preventable, which gives us much hope for the future. Following the road map provided by the state oral health plan will continue to lead all Kansans down the path to better oral health.

We look forward to working with you to meet the objectives of the plan.

Sincerely,

Teresa R. Schwab, LMSW
Executive Director



Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH
AND ENVIRONMENT

www.kdheks.gov

Division of Health

November 1, 2007

Dear Fellow Kansans:

The Office of Oral Health at the Kansas Department of Health and Environment is pleased to present Kansas' first state wide collaborative Oral Health Plan. The Office of Oral Health seeks to improve the Oral Health of all Kansans by increasing awareness about the importance of oral health. We provide education, consultation and training that focuses on health promotion and disease prevention. This Kansas Oral Health Plan will build on our mission by providing oral health professionals and advocates with guideposts on how we can work together to improve and enhance the oral health of all of Kansas citizens.

The drafting of this plan was an intensive year long project. Kansas is blessed to have many dedicated and knowledgeable oral health advocates that were willing to devote time and expertise to the plan's development. Community partners that worked on this plan included members of the dental and medical professions, health care administrators, health advocacy groups, and interested citizens. The diverse backgrounds of all of these people allowed the plan to be a reflection of wants and needs of real Kansans. The Office of Oral Health is grateful to everyone who participated in this process.

Lastly, the Office of Oral Health wants to thank our state oral health coalition, Oral Health Kansas, for their support, advocacy and assistance in the development of this plan. Without their tireless work, this process would have been impossible.

The Kansas Oral Health plan is meant to be a living document, and we welcome comments and revisions. Feel free to contact the Office of Oral Health at 785-296-5116 or kweno@kdhe.state.ks.us. I hope this plan will be used to make a positive change in the oral health of Kansans!

Sincerely,

Katherine Weno
Director, Office of Oral Health

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ACKNOWLEDGMENTS

This plan represents the work of many diverse stakeholders throughout the state of Kansas. Many thanks are due to all partners who spent their time and talents on the development of this document. Key participants in the drafting of the plan include the following individuals and organizations:

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KANSAS ORAL HEALTH PLAN EXECUTIVE SUMMARY

The Kansas State Oral Health Plan is a framework for oral health programming intended to create a unified vision for improved oral health outcomes across the state. Developed in collaboration with community and state partners, this document reflects the priorities and ideas of many oral health advocates. The plan has been divided into four sections: Dental Workforce, Financing, Community and Public Health, and Children's Oral Health. Under each section, objectives and creative strategies were developed. The entire state plan details the objectives with strategies, action steps and timelines that will be implemented by responsible parties. The state plan is a template for action for all of us that work on improving the oral health of Kansans.

I. Oral Health Workforce Objectives:

- Encourage Oral Health Professionals to Work in Dentally Underserved Areas
- Increase Access to Dental Services by Using Non-Traditional Delivery Models
- Improve Options for Kansas Based Dental Education

II. Financing Oral Health for Underserved Populations Objectives:

- Create and Sustain Dental Hubs
- Improve the Kansas Medicaid Dental Program
- Support Charitable Dental Care

III. Community and Public Oral Health Objectives:

- Increase Awareness about the Importance of Oral Health
- Create a Centralized Kansas Oral Health Information System
- Include Oral Health in Statewide Tobacco Initiatives
- Create Oral Health Activities for Specific Populations
- Support Community Based Oral Health Programming

IV. Children's Oral Health Objectives:

- Develop an Oral Health Screening Program For Children in Kansas Schools
- Improve the Oral Health of Pre-School Children (Age 0-5)
- Integrate Oral Health into Kansas' Coordinated School Health Policy Guidelines



INTRODUCTION

– THE DEVELOPMENT OF THE KANSAS ORAL HEALTH PLAN –

The development of a statewide collaborative Kansas Oral Health Plan was a joint project between the Kansas Department of Health and Environment's Office of Oral Health and the state oral health coalition, Oral Health Kansas. Kansas had previously completed targeted oral health plans for specific populations such as Head Start and Children with Special Health Care Needs, but a statewide, all inclusive plan had never been developed. Oral health stakeholders desired a comprehensive oral health tool that could be used as a road map to address state and local oral health needs in a way that efficiently used financial and political resources. With the hiring of a Dental Director at the Office of Oral Health in Spring of 2006, the stage was set for the creation of a Kansas Oral Health Plan.



Initial work on the plan began in the Fall of 2006 with the Office of Oral Health consulting with the Association of State and Territorial Dental Directors (ASTDD). ASTDD and the Centers for Disease Control created a template for Oral Health Plan development, as well as developed best practices for the creation of a state oral health agency with sustainable infrastructure. In September of 2006 a team of state dental directors and national oral health experts visited the Office of Oral Health in Topeka, meeting with Kansas oral health advocates and state and community organizations. They completed a State Oral Health Program Review to assist Kansas in building state oral health infrastructure. This visit also started the stakeholder discussions about what a Kansas Oral Health Plan should contain and how the plan would be developed.



To engage all oral health stakeholders, Oral Health Kansas and the Office of Oral Health sponsored a State Oral Health Summit on February 23, 2007 in Topeka. The Summit was coordinated with Oral Health Kansas' Advocacy Day events at the capitol. Almost one hundred people attended this meeting, including dentists, dental hygienists, community health center staff, state and local health department representatives,



INTRODUCTION

– THE DEVELOPMENT OF THE KANSAS ORAL HEALTH PLAN –



and educators from area dental educational programs. A list of summit attendees is included in Appendix A. The summit featured a facilitated discussion around four different oral health areas: Workforce, Financing, Public Health and Education. The four workgroups brainstormed about possible goals and strategies. The ideas shared that day became the framework for this document.

Since February additional meetings were held on specific topics that merited more discussion prior to their inclusion in the State Plan. Kansas is a state with an aging dental workforce and no dental school, so many advocates and legislators felt that a Kansas dental school is an option that needed to be explored. To discuss this further, Oral Health Kansas and the Office of Oral Health invited Dr. Jack Dillenberg to share his experiences in opening the Arizona School of Dentistry and Oral Health. Other topics were handled by oral health partners. The Kansas Dental Association sponsored a meeting about oral health care for elders. Kansas Head Start met with their staff and safety net clinics about children's oral health care. The Kansas Association for the Medically Underserved facilitated the development of a new dental access concept entitled Dental Hubs. All of these individual initiatives were considered when the plan was drafted in the Summer and Fall of 2007.



As pieces of the plan were developed, they were shared with attendees of the original Oral Health Summit and key partners such as the Dental and Dental Hygiene Associations, Community Dental Clinics, and area Dental Educational programs. Based on comments made, the plan was updated and re-circulated, creating the final document seen here. Although the plan has been released, it is by no means finished. The Kansas Oral Health Plan is intended to be a living document, and will be adapted, changed and updated to meet the needs of future Kansans. Comments on the Plan are always welcome, and will be included in future updates.

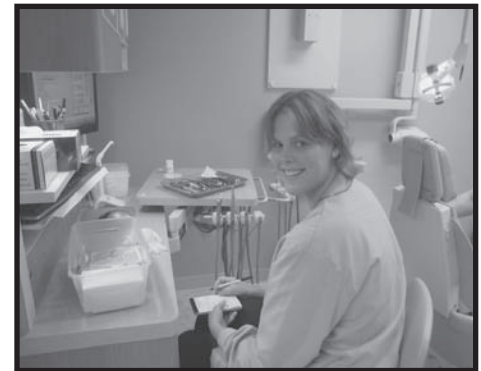
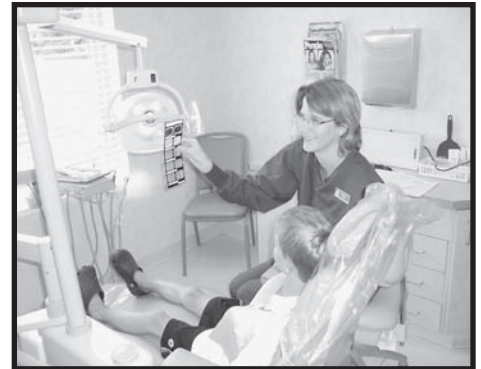


ORAL HEALTH WORKFORCE

A. KANSAS DENTAL WORKFORCE

To ensure oral health access for all Kansans, the state must have an adequate supply of oral health professionals. As of June 2007, 1,367 dentists and 1,473 registered dental hygienists had active Kansas licenses and a practice address within the state¹. Kansas is thirty-third in the nation in the number of dentists per capita, with a statewide Kansas dentist to population ratio of one to 2,557. This is under the national average of one U.S. Dentist per 1,650 residents².

In 2007 the Office of Oral Health surveyed Kansas dentists about their practice patterns.³ Our average respondent was a white, non-Hispanic, fifty year old male working as a general dentist in a private practice in or near a metro area. Most of them were Kansas natives, and almost 46% returned home to practice dentistry in the same county where they graduated from high school. Although a large majority of Kansas dentists are male, the younger respondents that joined the profession after 1995 were 42% female. Workforce information from the American Dental Association indicated that female dentists are more likely to work part time, but this was not reflected in our survey. Both female and male respondents worked an average of 32 hours a week in direct patient care. Geographically dental practices are clustered in and around population centers. Almost 74% of our survey respondents reported practicing in one of five metro (Johnson, Wyandotte, Shawnee, Sedgwick and Douglas) counties. The survey also reported dental practices for sale and jobs for associates available across the state. More than half of prospective employers who were looking to hire a dentist had been looking for over a year. When asked about their retirement plans, 14% of respondents said they were planning to retire within the next five years. Over 30% said they expected to retire within the next ten years.



Kansas Department of Health and Environment
Office of Local and Rural Health
Dental HPSAs as of May 1, 2007



C. PROFESSIONAL DENTAL EDUCATION IN KANSAS

Recruiting dental professionals to Kansas is a challenge. Kansas does not have a dental school, but has an agreement with the University of Missouri- Kansas City (UMKC) School of Dentistry⁵ to reserve slots for Kansans, and provide them with in-state tuition. Kansas students receiving this benefit have no obligation to return to Kansas to practice. Currently there are four Dental Hygiene Schools in the state; Johnson County Community College⁶, Fort Scott Community College at Pittsburg⁷, Wichita State University⁸, and Colby Community College⁹.

In 2006 the Kansas legislature appropriated three years of start up funding for an Advanced Education in General Dentistry (AEGD) Program to be located in Wichita, Kansas. An AEGD is a post graduate dental residency that gives new dentists another year of advanced training under the supervision of experienced dental faculty. The Kansas AEGD will be associated with Grace Med Clinic, a community health clinic that serves Medicaid and underserved populations. Dental residents at Grace Med will be used to increase the numbers of dental services provided at Grace Med. The program is targeted to begin in fall of 2009.

For new graduates with student loan obligations, the Office of Local and Rural Health works with two loan re-payment programs that can be utilized by dentists and dental hygienists, the National Health Service Corps (NHSC) and the State Loan Repayment Program (SLRP)¹⁰. Both programs offer repayment assistance of qualified educational loans in return for a minimum 2-year commitment to serve full time at an approved site in a designated dental Health Professional Shortage Area (HPSA).

D. THE REGULATION OF DENTAL PRACTICE IN KANSAS

The Kansas Dental Practice Act (K.S.A. Chapter 65 Article 14)¹¹ regulates all licensed dental professionals. The Practice Act defines the scope of work for dental professionals and regulates how dental practices can be owned and operated within the state. The Kansas Dental Board enforces the Practice Act, monitoring dental professional compliance and issuing dental licenses and permits.

To improve access to preventive oral health services to underserved populations, a coalition of oral health advocates developed the Kansas Extended Care Permit for Registered Dental Hygienists. Hygienists that





hold an extended care permit (ECP) can provide Hygiene services without direct supervision by a dentist in certain types of community settings. ECP hygienists must meet minimum practice hour requirements and have a Kansas licensed sponsoring dentist who reviews their treatment records and findings. As of April 2007 fifty Kansas dental hygienists held an extended care permit.

The Kansas Dental Practice Act also allows for “scaling assistants”, non-licensed personnel that do coronal scaling under direct supervision of a dentist. Scaling assistants must complete a training course, and report this to the Kansas Dental Board. As of April 2007, 400 assistants had submitted certificates of course completion to the Dental Board. There is no statutory requirement for the Board to continue to monitor these assistants so there is no data on how many of these 400 continue to scale teeth or where they are currently working.

Kansas has also attempted to extend oral health services to underserved populations by utilizing other health care personnel to do oral health education and preventive services. The Kansas Medicaid program will reimburse medical providers for fluoride varnish done in their offices up to three times a year. The Office of Oral Health has a project to educate medical providers about fluoride varnish as well as how to do an oral health screening. Other projects to promote fluoride varnish are underway across the state. Additionally plans are underway to integrate oral health into primary care by doing caries risk assessment and parental education to young children during their well baby checks. This “Oral Health Collaborative” will be piloted in selected safety net clinics in the near future.





ORAL HEALTH WORKFORCE

OBJECTIVE 1 - ENCOURAGE ORAL HEALTH PROFESSIONALS TO WORK IN DENTALLY UNDERSERVED AREAS

STRATEGIES	RESPONSIBLE PARTIES	TARGET DATE
<p>1. Develop a Statewide Recruitment System for Dentists and Dental Hygienists</p> <p>Activities:</p> <ul style="list-style-type: none">• Investigate a collaboration with the KU Medical Center to develop a Dental Professional Recruitment Program.• Integrate recruitment resources like the National Health Service Corp website, 3 R Net, the Kansas Dental Association and KAMU to develop a Kansas specific web site about dental professional job openings.• Explore ways to inform new Kansas licensees about job openings in Kansas.• Work with area dental schools and dental Hygiene programs to provide accurate information to students with practice opportunities in Kansas.	<p>Office of Oral Health Office of Local and Rural Health Kansas Dental Association Kansas Dental Hygienists' Association Kansas Association for the Medically Underserved KU Medical Center - Wichita</p>	<p>Early 2009</p>
<p>2. Improve Kansas Loan Re-Payment Programs</p> <p>Activities:</p> <ul style="list-style-type: none">• Reduce community barriers by providing financial match assistance for communities trying to recruit dental professionals.• Increase awareness of Kansas Loan programs by providing information and doing outreach at dental and dental Hygiene programs.	<p>Office of Local and Rural Health – Primary Care Section Office of Oral Health</p>	<p>Early 2008</p> <p>On-going</p>

STRATEGIES	RESPONSIBLE PARTIES	TARGET DATE
<p>3. Reduce Barriers to Rural Practice in the Kansas Dental Practice Act</p> <p>Activities:</p> <ul style="list-style-type: none"> • Collaborate to develop legislative changes to exempt underserved areas from portions of the Kansas Dental Practice Act. • Advocate for these changes in the state legislature. 	<p>Oral Health Kansas Kansas Dental Association Kansas Dental Hygienists' Association Kansas Association for the Medically Underserved</p>	<p>2008 Legislative Session</p>
<p>4. Explore Options to Assist Students Interested in Kansas Public Health Dentistry to Enter Dental School and Finance their Dental Education</p> <p>Activities:</p> <ul style="list-style-type: none"> • Form a task force that includes oral health advocates, area dental schools and interested funders to develop a Kansas specific program. • Collaborate with public and private funding sources to finance the program. • Implement program. 	<p>Office of Oral Health Oral Health Kansas UMKC – School of Dentistry</p>	<p>Early 2008</p> <p>Late 2010</p>



OBJECTIVE 2 - INCREASE ACCESS TO DENTAL SERVICES BY USING NON-TRADITIONAL DELIVERY MODELS

STRATEGIES	RESPONSIBLE PARTY	TARGET DATE
<p>1. Support and Encourage Community Based Extended Care Permit Hygienists</p> <p>Activities:</p> <ul style="list-style-type: none"> • Provide educational opportunities to increase knowledge among dentists and hygienists about ECP practice. • Encourage more hygienists to get their ECP. • Monitor ECP statute and practice experiences to evaluate the ECP program. 	<p>Oral Health Kansas Kansas Dental Hygienists' Association</p>	<p>On-going</p>
<p>2. Integrate Oral Health into Primary Care</p> <p>Activities:</p> <ul style="list-style-type: none"> • Educate medical providers about oral health and preventive procedures. • Monitor Medicaid reimbursement of fluoride varnish by primary care physicians. • Encourage integration of medical and dental clinics at community health clinics by implementing an Oral Health Collaborative model at pilot sites. 	<p>Office of Oral Health Oral Health Kansas Kansas Association of Medically Underserved Kansas Chapter of the American Academy of Pediatrics Kansas Health Policy Authority</p>	<p>On-going</p> <p>Early 2008</p> <p>Late 2008-2009</p>



OBJECTIVES 3 - IMPROVE OPTIONS FOR KANSAS BASED DENTAL EDUCATION

STRATEGIES	RESPONSIBLE PARTY	TARGET DATE
<p>1. Evaluate the costs and benefits of a Kansas Dental School and/or more Dental Residency Programs</p> <p>Activity:</p> <ul style="list-style-type: none"> Convene an ongoing work group on Kansas dental education to monitor current educational programs and reciprocity agreements with area dental schools. 	Office of Oral Health Oral Health Kansas	Fall 2009
<p>2. Support and Monitor the Wichita AEGD program</p> <p>Activities:</p> <ul style="list-style-type: none"> Update the Legislature about the Progress of the Program's Development. Work with Program Director to develop curriculum and utilize residents to improve oral health access. Track AEGD residents practice patterns post residency. 	Office of Oral Health Oral Health Kansas Wichita State University	Yearly On-Going Spring 2010
<p>3. Provide Educational Opportunities (externships) for Dental and Dental Hygiene Students in Underserved areas in Kansas</p> <p>Activities:</p> <ul style="list-style-type: none"> Monitor dental board regulations to allow interested dental students to return to Kansas for externships at Community Health Clinics. Work with UMKC and area dental Hygiene programs to encourage students to do externships in underserved areas in Kansas. Monitor the number of students doing externships in Kansas, and their post-graduation plans. 	Kansas Dental Board Kansas Association for the Medically Underserved UMKC School of Dentistry Kansas Dental Hygienists' Programs Dental Education Work Group	Fall 2008 On-Going Spring 2009





FINANCING INTRODUCTION

A. HOW ARE DENTAL SERVICES PAID FOR IN KANSAS?

Oral health services in Kansas are paid from several sources including commercial dental insurance, publicly funded programs like Medicaid and the State Children's Health Insurance Program (SCHIP), and individual out of pocket expenditures. Approximately 65.5% of Kansans reported having some sort of dental insurance coverage, including commercial insurance, public programs, and Medicaid.¹ Those without dental coverage tended to be older; less educated and have a lower income. Of those surveyed, 12.5% said they had needed dental care in the twelve months but did not get it. The overwhelming reason for not accessing care was because they couldn't afford the costs (78%).

Do you have any kind of insurance coverage that pays for some or all of your routine dental cares, including dental insurance, prepaid plans such as HMO's or government plans such as Medicaid?²

Yes	65.5
No	38.3

Among all respondents, excluding unknowns and refusals.

During the past 12 months was there any time when you needed dental care but did not get it?³

Yes	12.5
No	89.9

Among all respondents, excluding unknowns and refusals.

What was the main reason you did not receive the dental care you needed?⁴

Fear, apprehension, nervousness, pain, dislike going	11.6
Could not afford/cost/too expensive	78.0
Dentist would not accept my insurance, including Medicaid	5.7
Do not have/know a dentist	2.3
Lack transportation/too far away	1.2
Hours aren't convenient	5.4
Other	12.9

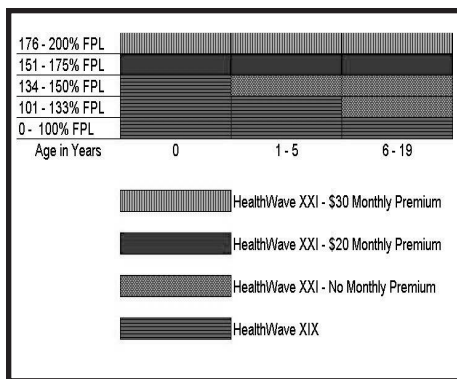
Among all respondents who reported not getting needed dental care in past 12 months, excluding unknowns and refusals.

B. KANSAS MEDICAID



Medicaid is a primary source of health and dental coverage for eligible Kansans with limited resources. Medicaid is a public health care program, jointly funded by state and the federal government. Each state has its own Medicaid program and in Kansas, Medicaid is administered by the Kansas Health Policy Authority. To enroll in Kansas Medicaid you must meet income requirements, be a qualified Kansans resident, and be included in one of these categories: children, pregnant women, families with minor children, persons with disabilities and the elderly. Children in families with slightly higher incomes may be eligible for HealthWave, Kansas' State Children's Health Insurance Program (SCHIP). In April, 2007 85,386 children were enrolled in Kansas Medicaid and over 34,209 were enrolled in the HealthWave program. Kansas Medicaid also provided health coverage for at least 6,668 pregnant women, 21,625 aged and 44,334 disabled individuals.⁵

Health Wave Eligibility Chart⁶



Kansas provides dental benefits for all children in the Medicaid and HealthWave programs. Children's benefits include most preventive and restorative procedures. Dental benefits for most adults on Medicaid are limited to emergency services. The 2006 and 2007 Kansas legislature provided funding for dental services to certain adult populations covered by Medicaid waiver programs. As of April 1, 2007 persons enrolled in the Developmental Disabilities waiver (6869 persons), the Physical Disabilities waiver (6005 persons) and the Traumatic Brain Injury waiver (238 persons)⁷ were given a dental benefit that includes preventive and restorative services. The 2007 legislature approved the same benefits and an additional denture coverage benefit for seniors covered by the Frail Elderly waiver (7807 persons in year 2007)⁸.



In order for a Medicaid recipient to receive dental services, they must go to a Medicaid enrolled dental provider. As of April 2007, 608 dentists were enrolled with Kansas Medicaid. Although they may have enrolled, not all dentists with a Medicaid number routinely see Medicaid patients in their offices. Of the 608 dentists with a Medicaid provider number, only 370 have submitted a claim in 2007. As of July 1, 2006 Kansas Medicaid contracted out the dental program to a dental program administrator, EDS. EDS has been doing aggressive dental provider recruitment. Since EDS took over the program, 36 new Medicaid providers and 38 new HealthWave providers have been added. Medicaid reimbursement rates remain low when compared to commercial dental insurance. On average, Kansas Medicaid fees are 48% of usual and customary rates (UCR). The last time Medicaid reimbursement rates were evaluated in Kansas was 2001 and 2002, which resulted in increasing the rates for targeted preventive codes.

C. THE KANSAS DENTAL SAFETY NET

For Kansans without insurance and financial resources, accessing health care services is extremely challenging. Medicaid, uninsured and underinsured patients in Kansas often obtain health care through a network of primary care safety net clinics that provide care to underserved populations regardless of their ability to pay. Some of these clinics provide dental services. The safety net clinics are funded by the state and federal government, as well as faith based and private foundation grants. Most of the dental clinics are Medicaid providers, but also do a large amount of uninsured and uncompensated care. In 2006, there were 24,969 unduplicated dental service users in 15 safety net clinics and one voucher program.⁹

Kansas' State Primary Care Association, the Kansas Association for the Medically Underserved (KAMU) created the "Dental Hub" concept for expanding oral health access for the underserved in Kansas. The concept will create a series of regional dental hubs operated by safety-net clinics. A dental hub is in a central underserved location, with spokes of care radiating out to satellite sites. The hubs would focus solely on providing preventive, emergency and restorative dental services to the underserved. The spokes of the hub would provide services in other areas of the region, for instance, a dental hygienist and portable chair traveling to a neighboring community, nursing home or school. In 2007 the Kansas Legislature allocated funds to start implementation of the dental hub concept. Private foundations are working with the state to coordinate funding to safety net clinics that are interested in becoming dental hubs.



D. CHARITABLE CARE



Dental professionals in Kansas have a proven commitment to providing charitable care to underserved populations. In the 2007 survey of Kansas dentists done by the Office of Oral Health, 75% of the respondents reported participating in some type of volunteer oral health activity¹⁰. The Kansas Mission of Mercy (KMOM) has provided free dental care with volunteer dentists in events in Topeka, Garden City, Salina, Pittsburg and Kansas City, Kansas. The 2007 Mission of Mercy event was held at the Topeka Expo Center on February 2nd and 3rd. The event provided treatment to 1,441 patients. The majority of the patients seen at KMOM had not seen a dentist for two years or more before the event, and 87.9% said the reason for this was that they did not have insurance and/or could not afford to pay for treatment¹¹. Kansas Mission of Mercy is organized by the Kansas Dental Charitable Foundation.



The Kansas Foundation of Dentistry for the Handicapped and the Kansas Dental Association founded the Kansas Donated Dental Services project in 1996 to help disabled adults and elderly who have no comprehensive dental insurance coverage. Volunteer dentists and laboratories provide comprehensive care to one or two patients a year. In the 2006 - 2007 fiscal year 247 patients were treated, and 303 volunteer dentists and 80 dental laboratories participated in the program. The Kansas program is overwhelmed with requests for care, and at the end of FY 2007 there were still 467 applications waiting to be referred to a volunteer dentist.¹²



FINANCING ORAL HEALTH FOR UNDERSERVED POPULATIONS

OBJECTIVE #1 CREATE AND SUSTAIN DENTAL HUBS

STRATEGIES	RESPONSIBLE PARTIES	TARGET DATE
<p>1. Secure Funding for a Second Round of Dental Hub Grants, to Procure New Funding for Not Less than four Previously-Unfunded Dental Clinics</p> <p>Activities:</p> <ul style="list-style-type: none"> • Work with private foundations to commit funding and develop next request for proposal. • Work with State partners (KDHE, OHK, Office of Oral Health, etc.) to secure legislative funding. • Advocate for funding at the Legislature. 	<p>Kansas Association for the Medically Underserved</p>	<p>Late 2007</p> <p>Spring 2008</p> <p>Spring 2008</p>
<p>2. Secure Increase in State Funding for Primary Care Clinics to Support Growing Hubs</p> <p>Activities:</p> <ul style="list-style-type: none"> • Collect hub data, measure hub performance, produce reports. • Actively engage in a Legislative Advocacy Campaign to fully fund hub clinical professionals. • Engage media in dental hub story. 	<p>Kansas Association for the Medically Underserved Oral Health Kansas</p> <p>Office of Oral Health</p> <p>Kansas Dental Hygienists' Association</p>	<p>On-going</p>
<p>3. Provide Training and Technical Assistance to Hub Clinics to Support Efficient Expansion and Provision of Oral Health Services</p>	<p>Kansas Association for the Medically Underserved Oral Health Kansas</p> <p>Office of Oral Health</p>	<p>On-going</p>
<p>4. Work to Assure that 12 Hubs Have At Least 2 FTE dentists and One FTE ECP Hygienist by 2011</p> <p>Activities:</p> <ul style="list-style-type: none"> • Participate in dental work force development activities. • Add dental providers to Kansas Rural Recruitment Center's services. • Promote and recruit at schools of dentistry nationwide. • Develop state scholarships and loan repayment programs for DDS and ECP. • Develop additional Kansas AEGD sites. 	<p>Kansas Association for the Medically Underserved Oral Health Kansas</p> <p>Office of Oral Health</p>	<p>2007-2010</p>

OBJECTIVE #2 IMPROVE MEDICAID DENTAL PROGRAM

STRATEGIES	RESPONSIBLE PARTIES	TARGET DATE
<p>1. Obtain a Full Dental Benefit for all Adults on Medicaid</p> <p>Activities:</p> <ul style="list-style-type: none"> Estimate numbers of adults on Medicaid without dental coverage and estimate cost to include them with a dental benefit, including dentures. Develop educational materials for legislators about a Medicaid dental benefit for adults. Legislative Advocacy on Adult Medicaid Benefit. 	<p>Kansas Health Policy Authority</p> <p>Oral Health Kansas</p> <p>Oral Health Kansas Kansas Association for the Medically Underserved Kansas Dental Hygienists' Association</p>	<p>Fall 2008</p> <p>2008-2009</p> <p>2008-2009</p>
<p>2. Increase Medicaid Dental Provider Reimbursement Rates</p> <p>Activities:</p> <ul style="list-style-type: none"> Provide current Medicaid reimbursement information, with % of UCRs for covered procedures. Collaborate on a plan to increase dental reimbursement for Kansas Medicaid providers. Provide Legislators with information on Medicaid costs and reimbursement rates. Legislative advocacy on increased reimbursement rates. 	<p>Kansas Health Policy Authority</p> <p>Kansas Dental Association Oral Health Kansas</p> <p>Oral Health Kansas</p> <p>Kansas Dental Association Kansas Dental Hygienists' Association Oral Health Kansas</p>	<p>Fall 2008</p> <p>2008-2009</p> <p>2008-2009</p> <p>2008-2009</p>



STRATEGIES	RESPONSIBLE PARTIES	TARGET DATE
<p>3 Increase Dental Providers who Treat Medicaid Patients, including the Elderly and Special Needs Patients</p> <p>Activities:</p> <ul style="list-style-type: none"> Recruitment program to encourage dentists to enroll in Medicaid program. Educate dentists about waiver populations and new dental benefits. Develop a specific recruitment program for dental providers of elderly and special health care needs patients. 	<p>EDS Oral Health Kansas Kansas Dental Association</p> <p>EDS Oral Health Kansas Kansas Dental Association SRS Dept of Aging Kansas Dental Hygienists' Association</p> <p>Oral Health Kansas</p>	<p>On-Going</p> <p>On-Going</p> <p>2008-2009</p>
<p>4. Explore Innovate Strategies to Maximize Dental Access to Medicaid Populations</p> <p>Activities:</p> <ul style="list-style-type: none"> Explore all options for Medicaid reimbursement for preventive procedures performed by ECP hygienists in underserved areas such as Head Start. Research possible incentives for dentists that are Medicaid providers or implementation in Kansas. Promote oral health in policy discussions at the Kansas Health Policy Authority. 	<p>Oral Health Kansas Kansas Head Start Kansas Association for the Medically Underserved Kansas Dental Hygienists' Association</p> <p>Office of Oral Health Oral Health Kansas Kansas Dental Association</p> <p>Oral Health Kansas</p>	<p>Early 2008</p> <p>Early 2009</p> <p>On-Going</p>



OBJECTIVE #3 – SUPPORT CHARITABLE DENTAL CARE

STRATEGIES	RESPONSIBLE PARTIES	TARGET DATE
<p>1. Support the Kansas Mission of Mercy Project</p> <p>Activities:</p> <ul style="list-style-type: none"> Organize yearly event where volunteer dental professionals provide free care to individuals in need. Collect data on numbers of KMOM patients, and types of care provided. 	<p>Kansas Dental Charitable Foundation</p> <p>Kansas Dental Association</p> <p>Kansas Dental Hygienists' Association</p>	Yearly
<p>2. Encourage Dentists to participate in the Donated Dental Services (DDS) and “Give Kids a Smile” programs</p> <p>Activities:</p> <ul style="list-style-type: none"> Educate dentists on the programs and promote participation. Collect data on the patients served and types of care provided. 	<p>Kansas Dental Charitable Foundation</p> <p>Kansas Dental Association</p> <p>Kansas Dental Hygienists' Association</p>	On-Going
<p>3. Support Community Level Programs that Increase Dental Access by using Dental Professional Volunteers</p> <p>Activities:</p> <ul style="list-style-type: none"> Provide technical assistance and recruitment support to community dental programs. Assist programs in engaging the media to attract more support to their programs. 	<p>Oral Health Kansas</p> <p>Office of Oral Health</p>	On-Going



COMMUNITY AND PUBLIC HEALTH INTRODUCTION

Dental public health is a form of dental practice that serves the community as a whole. Public health dental professionals promote oral health by assessing the oral health needs of the community, designing and implementing oral health policy and developing community programming to address oral health issues. Kansas had some of the earliest public health programs and continues to have a strong public health tradition. Kansas is building on this foundation with an active public oral health community that is creating innovative and effective oral health policy and programming.

The Kansas oral health coalition, Oral Health Kansas, Inc.¹ was formed in 2003 to create a more coordinated effort to improve the oral health status of Kansans. The organization has developed into a significant coalition of individuals and organizations representing diverse backgrounds. Oral Health Kansas has had great successes in its short history. Specifically, OHK has been instrumental in the creation and promotion of the Kansas Extended Care Permit for Dental Hygienists program, formed a statewide leadership program entitled “Dental Champions”, and done effective legislative advocacy that secured funding for an Office of Oral Health at the Kansas Department of Health and Environment.



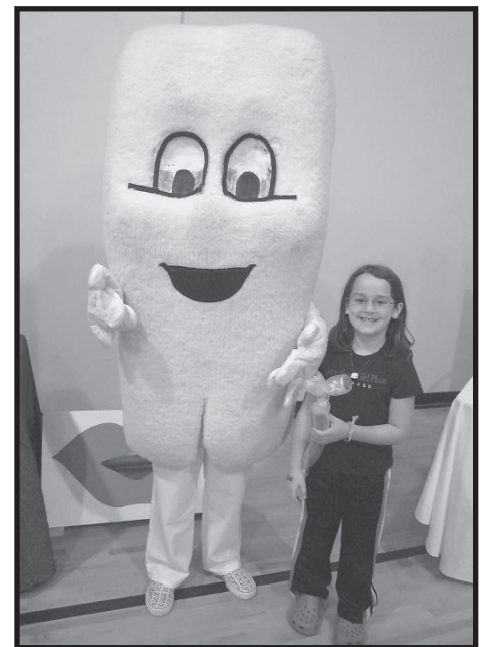
The state oral health agency, the Office of Oral Health² is housed in the Division of Health at the Kansas Department of Health and Environment. Their mission is to collaborate with and provide technical assistance to communities, schools, health professionals, local health departments, and others to increase awareness of the importance of oral health and improve the oral health status of Kansans. Specific projects include data collection on the oral health of Kansans, and targeted oral health programming such as school sealant programs and fluoride varnish promotion to medical providers.



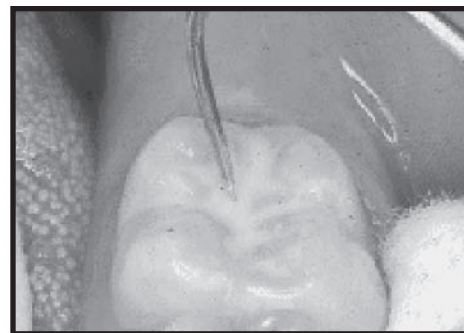
A. ORAL HEALTH PROGRAMMING

Kansas has many dedicated professionals working on improving the oral health of its citizens. Most of these programs were instigated locally by individuals that saw a need in their community. Efforts mentioned here are not the only strategies that are working in Kansas, but are examples of the types of programs that have been done and may be replicated in the future.

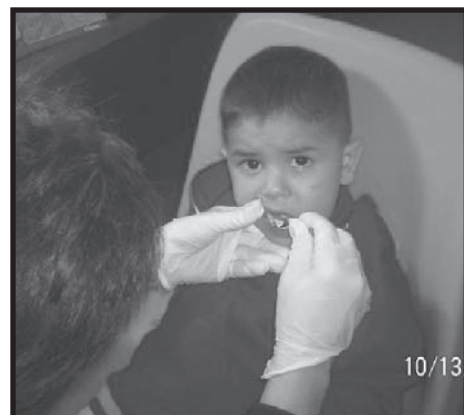
Educating the public about the importance of oral health is a challenge. Recent evidence has shown strong connections between oral health and diabetes, healthy pregnancy, and cardiovascular disease. Disseminating oral health information to targeted populations is one strategy to improve oral health to large population groups. Kansas has done some oral health marketing in the past. “Your Mouth Matters” was a statewide oral health educational campaign done by Kansas Action for Children and Oral Health Kansas. The campaign included printed materials, as well as TV and radio spots.³ Local educational efforts include the Kansas Head Start’s Teeth for Two for pregnant women, Cowley County’s Tiny Teeth for pre-K kids, and United Methodist Mexican-American Ministries in Garden City’s Lifetime Smiles project⁴.



Most childhood decay begins in the deep grooves and pits on the chewing surfaces of the posterior teeth. Dental sealants are a plastic material that can be bonded in these grooves. The application of dental sealants is painless and cost effective. Kansas dental hygienists can apply dental sealants, and with the Extended Care Permit, hygienists can apply sealants to underserved children in school and community settings. Safety net clinics, local school districts and dental professionals are working together to develop school based sealant programs across the state.

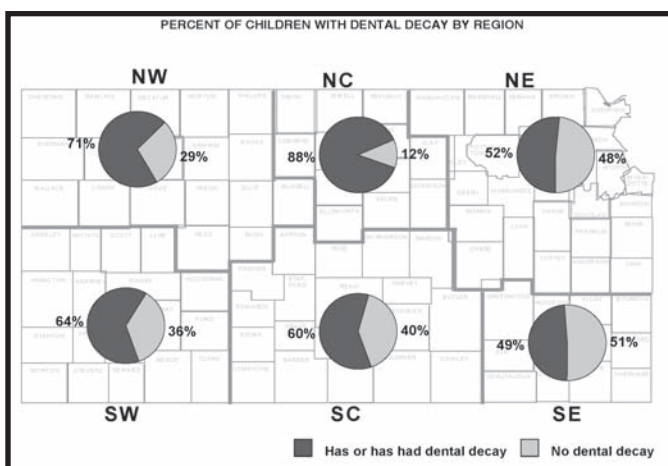


Fluoride varnish is a topical preventive treatment for populations at risk for dental decay. The varnish is a strong resin that is painted on the teeth and is able to hold fluoride in close contact with the tooth surface for a period of two to four hours. It is easy to apply, quick and safe. In Kansas, Medicaid will reimburse both dentists and physicians for fluoride varnish applications. The Office of Oral Health promotes the use of fluoride varnish in medical offices by provided training for primary care providers in their offices⁵. State dental hygienists provide physicians and their staff with oral health education and demonstrate the use of fluoride varnish.



B. ORAL HEALTH ASSESSMENT

A cornerstone of public health is assessment. Regular oral health surveillance is necessary to measure the magnitude of the oral health need, develop oral health policy, and monitor the progress of oral health programming. Kansas state specific oral health data is sparse. In 2004 the first statewide survey on the oral health of Kansas third graders was completed by the Kansas Office of Oral Health. The survey was done in accordance with the Association of State and Territorial Dental Director's Basic Screening Survey protocols.⁶ The survey was repeated in the spring of 2007.



2006 BRFSS ORAL HEALTH QUESTION

How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

Within the past year (anytime less than 12 months ago)	70.1
Within that past 2 years (1 year but less than 2 years ago)	12.2
Within the past 5 years (2 years but less than 5 years ago)	8.1
5 or more years	12.1
Never	2.1

Among respondents who have not had all of their teeth removed, or who have ever visited a dentist or dental clinic for any reason excluding unknowns and refusals.

The Behavioral Risk Factor Surveillance System (BRFSS), which is coordinated and partially funded by the Centers for Disease Control and Prevention, is the largest continuously conducted telephone survey in the world. It is conducted in every state, the District of Columbia, and several United States territories. Kansas collects oral health information through the BRFSS questionnaire. Kansas specific oral health data is also obtained from other sources, including Medicaid claims data, local oral health projects, and area educational institutions and as well as state policy research entities like the Kansas Health Institute.⁷



C. TOBACCO

Tobacco is the number one preventable cause of death in Kansas. More than 3900 Kansans die of cigarette smoking a year, costing Kansas more than \$900 million in health care expenditures. The Kansas Department of Health and Environment Tobacco Use Prevention Program (TUPP) works with state and local partners to promote tobacco cessation and prevent the initiation of tobacco use. In 2005, 17.5% of adults in Kansas smoke. Smoking is more prevalent among the young; with 23.1% of adults aged 18-24 reported being smokers. In 2006, 21.1% of Kansas reported using or trying smokeless tobacco products such as snuff.⁸



Kansas TUPP strategies to reduce tobacco use include the Kansas Tobacco Quitline (1-866-KAN-STOP)⁹. The Quitline provides screening, counseling, support materials and referral for tobacco cessation assistance based on individual's readiness to quit. The program provides comprehensive follow-up counseling for Kansas citizens who are ready to quit or are contemplating a cessation attempt. Kansas TUPP has been educating medical professionals about the Quitline and facilitating referrals. Recent efforts include the "Smokeless Doesn't Mean Harmless" Spit Tobacco Summit in Hutchinson in August of 2007.

D. ORAL HEALTH FOR TARGETED POPULATIONS

Kansas oral health leaders have given much attention to the lack of oral health care access for populations with special health care needs. In 2005, the Kansas Head Start Association implemented a planning grant from American Academy of Pediatrics to explore the challenges, needs, and opportunities regarding optimum oral health for children with special health care needs. Fifteen percent of all Kansas children (approximately 101,000) have special health care needs.¹³ There are no statistics on the oral health of this population, but our 2004 general survey of third graders, Smiles Across Kansas, reported that one out of every four Kansas children has active, untreated decay.¹⁴ Individuals with special needs face larger barriers to access. A national survey of families with children with special health care needs reported that 78% of their children needed dental care in the last twelve months. These families also reported that dental care is their child's most prevalent unmet health care need.¹⁵

Kansas senior populations face their own unique oral health challenges. Seniors are keeping their teeth longer, less than 20% of Kansans over sixty five have lost all of their teeth.¹⁶ Although they require dental care throughout their lives, Kansans over sixty-five are the age group most likely to lack dental insurance.¹⁷ Medicare and Kansas Medicaid offer few dental benefits for most seniors. Seniors are more susceptible to dry mouth, periodontal disease, decay on the roots of the teeth, and oral cancer. In 2004, there were 287 Kansas cases of cancer of the oral cavity or pharynx and 134 of these were in Kansans over the age of 65.¹⁸



E. COMMUNITY WATER FLUORIDATION



In 1994 the U.S. Department of Health and Human Services hailed community water fluoridation as one of the top ten public health achievements of the 20th century.¹⁰ Fluoridating community water prevents tooth decay in two ways: primarily through direct contact with teeth throughout life, and when consumed by children during the tooth forming years. The annual average cost to fluoridate a large community is approximately fifty cents (\$0.50) per person. Assuming a 75 year life span, that is only \$37.50 for a lifetime of protection, which is less than the cost of one dental filling/restoration.¹¹ Extensive research conducted over the past 60 years has shown that fluoridation of public water supplies is a safe and effective way to reduce tooth decay for all community residents.¹²

Approximately 62% of Kansans have fluoridated water through the public water supply system. Kansas has no state mandate to fluoridate the water. Wichita, Hutchinson, Winfield, McPherson, Great Bend, Pratt, Derby, Augusta, Clay Center, Liberal, and many other smaller Kansas communities are still without community water fluoridation.



COMMUNITY AND PUBLIC HEALTH

OBJECTIVE #1 - INCREASE AWARENESS ABOUT THE IMPORTANCE OF ORAL HEALTH

STRATEGIES:	RESPONSIBLE PARTY	TARGET DATE
1. Develop a Statewide Social Marketing Campaign Targeted to Vulnerable Populations Activities: <ul style="list-style-type: none">• Create a task force of stakeholders, including social marketing experts, to explore the possibility of creating a statewide social marketing/educational campaign about the importance of oral health.• With the assistance of the task force and the expertise of the Frameworks Institute, determine the intended target audience and determine the overall message of the campaign.• With the assistance of the task force, explore potential funding options, including possible partnerships with other states that might be interested in coordinating resources for a social marketing campaign.	Oral Health Kansas Oral Health Kansas Oral Health Kansas	Early 2008 Summer 2008 Fall 2008

STRATEGIES:	RESPONSIBLE PARTY	TARGET DATE
<p>2. Support the State Oral Health Coalition, Oral Health Kansas, in their Mission to Build Political Influence on Oral Health Issues</p> <p>Activities:</p> <ul style="list-style-type: none"> • Increase Oral Health Kansas membership to 200 persons. • Identify diverse and sustainable funding sources. • Develop a way to sustain and increase engagement of the Dental Champions Leadership class participants. • Improve the impact of the Oral Health Kansas yearly conference. • Support developing local oral health coalitions in their oral health advocacy efforts. • Meet with Kansas Private Foundations to update them on Coalition activities and the progress of the Oral Health Plan. 	<p>Oral Health Kansas</p> <p>Oral Health Kansas</p> <p>Oral Health Kansas</p> <p>Oral Health Kansas</p> <p>Oral Health Kansas Office of Oral Health</p> <p>United Methodist Health Ministry Fund REACH Foundation Sunflower Foundation Delta Dental Foundation Kansas Health Foundation</p>	<p>Summer 2010</p> <p>On-going</p> <p>Summer 2010</p> <p>Yearly</p> <p>On-Going</p> <p>Yearly</p>



OBJECTIVE #2 - CREATE A CENTRALIZED KANSAS ORAL HEALTH INFORMATION SYSTEM

STRATEGIES:	RESPONSIBLE PARTY	TARGET DATE
<p>3. Increase Kansas - Specific Oral Health Data that is Accessible to the Public</p> <p>Activities:</p> <ul style="list-style-type: none"> • Release 2007 Smiles Across Kansas 3rd Grade Basic Screening Survey. • Explore the use of Office of Oral Health's Website to coordinate oral health school screening data. • Continue oral health questions on BRFSS survey. • Explore options to collect data on adults and special needs populations. 	<p>Office of Oral Health</p> <p>Office of Oral Health</p> <p>Office of Health Promotion</p> <p>Office of Oral Health Oral Health Kansas</p>	<p>Early 2008</p> <p>Early 2009</p> <p>Yearly</p> <p>Early 2009</p>
<p>4. Coordinate Oral Health Educational Materials in a Statewide Clearinghouse</p> <p>Activities:</p> <ul style="list-style-type: none"> • Update Office of Oral Health and Oral Health Kansas Websites to house Kansas specific oral health information. • Provide oral health information and speakers to interested parties on request. 	<p>Office of Oral Health Oral Health Kansas</p>	<p>Early 2010</p>



OBJECTIVE #3 - INCLUDE ORAL HEALTH IN STATEWIDE TOBACCO INITIATIVES

STRATEGIES:	RESPONSIBLE PARTY	TARGET DATE
<p>1. Incorporate the American Dental Hygienists Association's "Ask, Advise, Refer" program into Kansas dental office protocol</p> <p>Activities:</p> <ul style="list-style-type: none">• Contact information from all oral health professional organizations and provide information regarding regional trainings.• "Ask, Advise, Refer" trainings will be offered for a targeted one hundred oral health professionals to learn more about the effects of tobacco use and the protocol to assist patients in quitting, including referrals to the Kansas Tobacco Quitline (1.866.KAN.STOP).• Contact will be continued with oral health professionals via email distribution list.• Earned media will be developed for placement in oral health professional publications in Kansas. <p>Kansas Tobacco Quitline (1.866.KAN.STOP) monthly reports will be assessed to determine faxed referrals from oral health providers preceeding the trainings.</p>	<p>Kansas Tobacco Use Prevention Program (TUPP) Kansas Dental Hygienists' Association Kansas Dental Association Office of Oral Health</p>	<p>Summer 2010</p>



STRATEGIES:	RESPONSIBLE PARTY	TARGET DATE
<p>2. Oral health professionals in Kansas will join efforts of local tobacco control coalitions and the Tobacco Free Kansas Coalition</p> <p>Activities:</p> <ul style="list-style-type: none"> • Contact information from all oral health professional organizations will be accessed by the Tobacco Free Kansas Coalition and the TUPP and will be added to the Tobacco Free Kansas Coalition (TFKC) list-serve. • Local tobacco control coalitions will be given names and contact information of oral health professionals who may be interested in joining or assisting local grassroots efforts. • TFKC and the Kansas Tobacco Quitline (1.866. KAN.STOP) will host a display booth at the annual Oral Health Conference. • Local grassroots tobacco control coalitions will place earned media targeting oral health professionals. • Kansas Department of Health and Environment, Tobacco Use Prevention Program Community Partner Event Forms will be assessed on a quarterly basis to determine oral health professional involvement. 	<p>Kansas Tobacco Use Prevention Program (TUPP) Office of Oral Health Oral Health Kansas Kansas Dental Hygienists' Association Kansas Dental Association</p>	<p>Summer 2010</p>

STRATEGIES:	RESPONSIBLE PARTY	TARGET DATE
<p>3. Local tobacco control advocates will be trained in academic detailing strategies to educate oral health providers in utilizing the protocol for assisting patients in quitting tobacco use</p> <p>Activities:</p> <ul style="list-style-type: none"> • One hundred tobacco control advocates will be trained on the oral effects of tobacco use and the “Ask, Advise, Refer” model, the Kansas Tobacco Quitline and engaging oral health professionals utilizing video conferencing and or “Go To Meeting” to allow for more participants with geographic restrictions. • Local grassroots tobacco control coalitions will place earned media targeting oral health professionals. • Kansas Tobacco Quitline (1-866-KAN-STOP) monthly reports will be assessed to determine faxed referrals from oral health providers. • Kansas Department of Health and Environment, Tobacco Use Prevention Program Community Partner Event Forms will be assessed on a quarterly basis to determine oral health professional involvement. 	<p>Kansas Tobacco Use Prevention Program (TUPP) Office of Oral Health Oral Health Kansas</p>	<p>Summer 2010</p>



OBJECTIVE 4 ORAL HEALTH ACTIVITIES FOR SPECIFIC POPULATIONS

STRATEGIES:	RESPONSIBLE PARTY	TARGET DATE
<p>1. Improve Oral Health for Children and Adults with Special Health Care Needs</p> <p>Activities:</p> <ul style="list-style-type: none"> • Create oral health educational opportunities for individuals with special needs and their caregivers. • Provide continuing education for dental professionals on the care of individuals with special health care needs. • Fund specialty care at a centrally located safety net clinic where special needs patients can be referred. • Utilize residents in the Advanced Education in General Dentistry program to improve access for special needs patients. • Educate dental professionals about Medicaid Coverage for individuals on the Physical Disability, Developmental Disability and Traumatic Brain Injury Waiver Coverage and encourage them to see these patients in their practices. 	<p>Office of Oral Health Oral Health Kansas</p> <p>Oral Health Kansas KS Council on Developmental Disabilities Kansas Dental Hygienists' Association</p> <p>Office of Oral Health Grace Med Clinic</p> <p>Grace Med Clinic Wichita State University</p> <p>SRS EDS Oral Health Kansas KS Council on Developmental Disabilities</p>	<p>Early 2009</p> <p>Fall 2008</p> <p>Early 2009</p> <p>Early 2010</p> <p>Fall 2008</p>
<p>2. Improve Oral Health for Kansas Seniors</p> <p>Activities:</p> <ul style="list-style-type: none"> • Increase awareness of the special oral health needs of seniors with targeted media and the development of educational materials. • Educate dental professionals about Medicaid Coverage for individuals on the Frail Elderly Waiver and encourage them to see these patients in their practices. • Encourage and support the delivery of preventive services to seniors in long term care facilities and community settings using Extended Care Permit Hygienists. 	<p>Kansas Dental Association</p> <p>Kansas Department of Aging EDS Kansas Dental Association</p> <p>Oral Health Kansas Office of Oral Health Kansas Dental Hygienists' Association</p>	<p>Early 2009</p> <p>Fall 2008</p> <p>On-Going</p>



OBJECTIVE 5 - SUPPORT COMMUNITY BASED ORAL HEALTH PROGRAMMING

STRATEGIES:	RESPONSIBLE PARTY	TARGET DATE
<p>1. Support and Promote Community Water Fluoridation</p> <p>Activities:</p> <ul style="list-style-type: none"> • Convene preliminary community meetings about the need for a statewide education campaign about community water fluoridation. • Investigate funding options for targeted campaigns to encourage community water fluoridation in non-fluoridated Kansas communities. • Work with state agencies to provide more accessible data on water fluoridation in Kansas. 	<p>Office of Oral Health Oral Health Kansas</p> <p>Office of Oral Health Oral Health Kansas</p> <p>Office of Oral Health KDHE Bureau of Water</p>	<p>Spring 2009</p> <p>Fall 2009</p> <p>Spring 2009</p>
<p>2. Support and Expand School Based Oral Health Services</p> <p>Activities:</p> <ul style="list-style-type: none"> • Encourage and support the delivery of preventive services in schools using Extended Care Permit Hygienists. • Work with Dental Safety Net Clinics across the state to encourage school based dental programming using clinic staff. • Encourage data collection on school based services to evaluate the benefits of school based programming. 	<p>Oral Health Kansas Office of Oral Health Kansas Dental Hygienists' Association</p> <p>Office of Oral Health</p> <p>Office of Oral Health</p>	<p>On-Going</p> <p>On-Going</p> <p>Fall 2009</p>
<p>3. Increase the Use of Fluoride Varnish in At Risk Populations</p> <p>Activities:</p> <ul style="list-style-type: none"> • Provide education to medical offices on the use of fluoride varnish on young children at well baby checks. • Provide fluoride varnish to children in Head Start and Early Childhood Centers. 	<p>Office of Oral Health</p> <p>Kansas Head Start Association</p>	<p>On-Going</p> <p>Fall 2009</p>

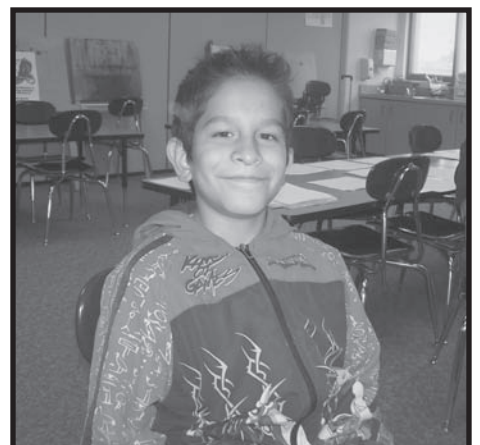


CHILDREN'S ORAL HEALTH

Children's oral health is a significant concern for all Kansans. Dental decay in young children or early childhood caries (ECC) is an infectious disease that can start as soon as an infant's teeth erupt. ECC can have a detrimental effect throughout a child's life. Young children with dental pain, infection and tooth loss have difficulty eating nutritious foods, developing positive social and emotional skills, and concentrating on learning new information¹. To reduce dental disease in young children, communities and government institutions have instituted prevention programs in early childhood settings and schools.

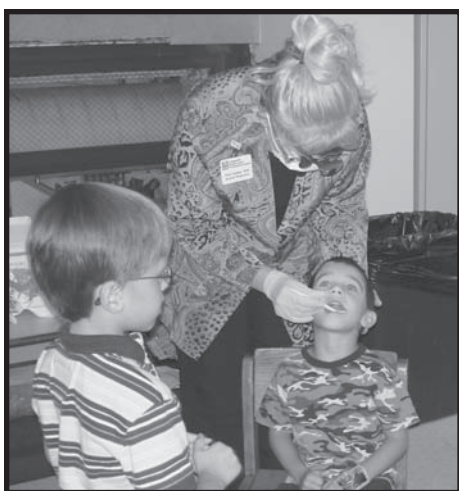
A. EARLY CHILDHOOD ORAL HEALTH

As early as ten months, infants' teeth can show signs of demineralization. This weakened tooth structure looks like white spots along the gum line. Dental decay is caused by bacteria (*Streptococcus Mutans*) that are commonly transferred by a mother to her child's mouth by kissing or sharing eating utensils. These bacteria when combined with poor oral Hygienists' and inappropriate feeding and nutrition habits cause tooth decay. Americans in most age groups have experienced less dental decay in the last ten years, but tooth decay in primary (baby) teeth of children aged 2 to 5 years increased from 24 percent to 28 percent between 1988-1994 and 1999-2004.² Repairing the damage of early childhood caries is cost prohibitive for many families. Kansas Head Start estimates that each of its 30 programs will have an average of 5 children per year per program needing this extensive dental care, conservatively amounting to \$750,000 per year in just these few sites.³

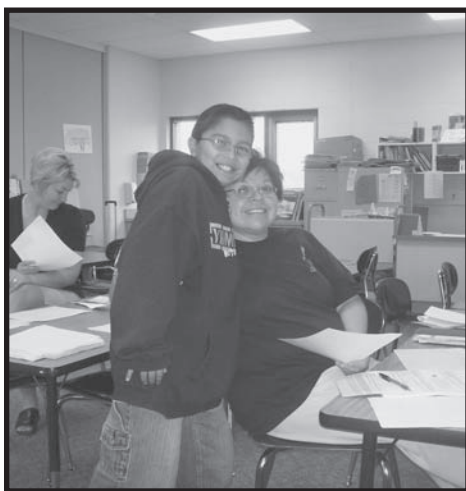




Kansas has several statewide initiatives to reduce early childhood caries. The Kansas Office of Oral Health (OOH) instituted a statewide outreach program designed to increase the number of physicians' offices applying fluoride varnish during children's well-child visits. Partnering with the Kansas Child Care Training Organization (KCCTO), an early childhood teacher oral health training program was developed entitled "Filling the Gap"⁴. KCCTO has included this workshop into its regular course offerings with early childhood providers throughout the state. The Office of Oral Health also trained health department nurses to conduct oral screenings and fluoride varnish applications at WIC and KAN Be Healthy well child visits.



The Kansas Head Start Association is working to build school-ready children and self-sufficient families through professional education, advocacy and special projects. These projects work to build academically, physically, socially and emotionally strong children that are ready for school. The Kansas Head Start Association (KHSa) estimates more than 28% of children enrolling in Head Start programs have diagnosed dental decay, equaling almost 2,000 three and four year olds each year. KHSa established an Early Head Start oral health program to ensure that home visitors were educating parents on their role to keep young children cavity free. Additionally, KHSa implemented Teeth for Two, an oral health educational program targeting pregnant women, and provided oral health tool kits in Head Start classrooms to enhance children's learning experiences.



Kansas Association of Child Care Resource and Referral Agencies⁵ is another partner whose mission is to ensure that high-quality early education is available to all Kansas families. It provides information to families that help them make wise decisions about out-of-home care for their children, as well as education and training for childcare professionals, and research and advocacy with other Kansas early childhood advocates.

Building on this strong foundation of programs designed to keep young children cavity-free, Kansas intends to establish a coordinated system of oral health prevention services through community dentists, safety-net clinics, Extended Care Permit (ECP) hygienists, and early childhood programs. Kansas Head Start Association is taking the lead on this initiative by establishing ten regional areas to serve Head Start programs, community early childhood centers, programs for children with special health care needs, and school district early childhood programs. Guided by an Early Childhood Oral Health Advisory Council, KHSa will link early childhood centers with prevention services and staff/parents

education offered by safety-net dental clinics and ECP dental hygienists. Participating community dentists and safety-net dentists will provide examinations and follow up restorative dental care. In order to track the growth of this program in keeping young children cavity free, KHSA will commission the design of a web-based data tracking system that dental professionals and early childhood programs can use to report findings and treatment. Success will be based on the increase of children entering kindergarten cavity free.

B. SCHOOL AGE ORAL HEALTH

When children's oral health suffers, so does their ability to learn. An estimated 51 millions school hours per year are lost because of dental-related illnesses. Students ages 5-17 missed 1,611,000 school days in 1996 due to acute dental disease – an average of 3.1 days per 100 students. Children 2-11, in families with income under \$18,000 were nearly twice as likely to experience decay as children in families at the \$36,000 income level.

Concerns about the oral health of Kansas school children date back to 1915, when the Kansas legislature passed a statute requiring all Kansas children in school to receive an annual dental inspection.⁷ Although Kansas has a statute requiring oral health screenings, it is not uniformly implemented in all Kansas schools. One of the barriers to this screening requirement is that school nurses are the ones who must ensure that the mandate is followed. School nurses are often stretched thin in addressing many other health concerns. Additionally, the legislature does not appropriate funds for oral health screenings, requiring many communities to use volunteers and community health centers to do the screenings. Although the state Office of Oral Health has provided screening cards in the past, there are no current uniform screening forms that are being used statewide. The Office of Oral Health has started a new project that will design and implement a school screening system that all schools can use to screen their students.

In collaboration with the Kansas Department of Health and Environment Bureau of Family Health, efforts were made to develop an oral health screening program with school nurses. The project trained 45 school nurses to use a fluorescent laser dental device to screen for dental decay. This procedure has given school nurses more confidence and information about oral health issues and developed referral networks for the schools to local dental offices. To date, more than 6,000 school children have been screened in this initiative. This project will be folded into the new school screening program that is currently underway at the Office of Oral Health.





Kansas Coordinated School Health (KCSH)⁸ is a multi-faceted approach to help youth establish healthful behaviors and attitudes. It begins with a thorough assessment of health influences within a school/ community. This assessment directs Coordinated School Health (CSH) leaders toward the greatest areas of student health needs. KCSH asked Oral Health Kansas to design guidelines and information that could be used to integrate oral health into all aspects of school services and classroom activities. The result is *Kansas Coordinated School Health Policy Guideline*.



Oral Health Kansas developed realistic actions school administrators and staff can take to incorporate oral health services into all aspects of the educational experience. The guideline includes oral health education programming, oral health friendly school environments, physical education, counseling, worksite wellness for staff, family & community involvement, and nutritional services. Oral Health Kansas also produced a set of guidelines for classroom teachers on how to include age-appropriate oral health lessons into traditional subjects such as reading, literature, mathematics, and science, plus other subjects like foreign language and life skills. The set of guidelines include a comprehensive annotated list of oral health curricula to supplement classroom lessons. Oral Health Kansas, in partnership with KCSH, will implement a series of strategies designed to establish oral health as an essential part of school services and curricula for all grades, K-12. This will take a new working relationship with the eleven education services centers (ESC) placed in strategic locations around the state.





CHILDREN'S ORAL HEALTH PLAN

OBJECTIVE #1: DEVELOP AN ORAL HEALTH SCREENING PROGRAM FOR CHILDREN IN KANSAS SCHOOLS

STRATEGIES	RESPONSIBLE PARTIES	TARGET DATE
<p>1. Develop Infrastructure at the Office of Oral Health to Support a Uniform State Screening Program</p> <p>Activities:</p> <ul style="list-style-type: none"> Hire a full-time project coordinator. Determine current level of participation in oral health screenings in Kansas school districts. Establish an Oral Health Screening Advisory Council. 	<p>Office of Oral Health</p> <p>Office of Oral Health</p> <p>Office of Oral Health Oral Health Kansas Kansas Dept of Education KHDE School Nurse Consultants</p>	<p>Fall, 2007</p> <p>Winter 2008</p> <p>Winter 2008</p>
<p>2. Develop a Reporting System for School Screening Data</p> <p>Activities:</p> <ul style="list-style-type: none"> Develop a uniform oral health screening form. Design and implement a web-based data collection system to house school screening data and make it accessible to general public. 	<p>Office of Oral Health Screening Advisory Council</p> <p>Office of Oral Health</p>	<p>Spring 2008</p> <p>Spring – Summer 2008</p>
<p>3. Implement School Screening System</p> <p>Activities:</p> <ul style="list-style-type: none"> Pilot school screening program in five to seven pilot sites across state. Evaluate Pilot Program and make necessary adjustments. Recruit and train regional screeners, and do outreach to expand program statewide. 	<p>Office of Oral Health</p> <p>Office of Oral Health Screening Advisory Council</p> <p>Office of Oral Health Screening Advisory Council Kansas Dept of Education</p>	<p>Fall, 2008</p> <p>Spring 2009</p> <p>Fall 2009</p>

OBJECTIVE #2 – IMPROVE THE ORAL HEALTH OF PRE-SCHOOL CHILDREN (0 TO AGE 5)

STRATEGIES	RESPONSIBLE PARTIES	TARGET DATE
<p>1. Implement an Early Childhood Oral Health System that Links Early Childhood Programs to Oral Health Education and Preventive Services</p> <p>Activities:</p> <ul style="list-style-type: none"> Establish an Early Childhood Oral Health Advisory Council including members from early childhood and oral health communities. Develop roles and responsibilities for early childhood programs, community dentists, safety-net clinics, and extended care hygienists. Target strategic geographic regions for initial implementation and recruit and train oral health professionals in these regions. Evaluate initial implementation by developing a performance tracking and reporting system for oral health professionals in the program. 	<p>Kansas Head Start Association Oral Health Kansas</p> <p>Oral Health Kansas Kansas Head Start Association Kansas Association for the Medically Underserved Advisory Council</p> <p>Kansas Head Start Association Oral Health Kansas Advisory Council</p> <p>Kansas Head Start Association Oral Health Kansas Advisory Council</p>	<p>Winter 2008</p> <p>Winter 2008</p> <p>Spring 2008</p> <p>Winter 2009</p>



STRATEGIES:	RESPONSIBLE PARTY	TARGET DATE
<p>2. Design and Implement an Oral Health Educational Program for Early Childhood Center Staff and Parents of Young Children</p> <p>Activities:</p> <ul style="list-style-type: none"> • Adopt an early childhood oral health curriculum for early childhood centers. • Recruit ECP hygienists to act as educators to conduct trainings for early childhood staff, pregnant women and young parents. • Produce educational materials on oral health for training participants. • Enlist Head Start programs to schedule and host training sessions in their communities for early childhood teachers and parents. • Implement oral health education in early childhood centers directed by staff that attended the training sessions. • Evaluate the impact of the training. 	<p>Advisory Council Kansas Head Start Association</p> <p>Kansas Head Start Association Oral Health Kansas</p> <p>Kansas Head Start Association</p> <p>Kansas Head Start Association</p> <p>Kansas Head Start Association Oral Health</p> <p>Kansas Advisory Council Kansas Head Start Association</p>	<p>Spring 2008</p> <p>Spring 2008</p> <p>Spring 2008</p> <p>Summer 2008</p> <p>Fall 2009</p> <p>Winter 2010</p>
<p>3. Collect Data on the Oral Health of Young Children to Monitor Progress and Evaluate Programming</p> <p>Activities:</p> <ul style="list-style-type: none"> • Determine the specific data and outcome indicators to be collected by early childhood programs and hygienists. • Design and test the software for data collection that will integrate with school screening database. • Make aggregate data available to the public. 	<p>Advisory Council Kansas Head Start Association Office of Oral Health</p> <p>Kansas Head Start Association Office of Oral Health</p> <p>Kansas Head Start Association Office of Oral Health</p>	<p>Spring 2008</p> <p>Fall 2008</p> <p>Spring 2009</p>



OBJECTIVE #3: INTEGRATE ORAL HEALTH INTO KANSAS COORDINATED SCHOOL HEALTH (KCSH) POLICY GUIDELINES

STRATEGIES	RESPONSIBLE PARTIES	TARGET DATE
<p>1. Orient School Districts to Kansas Coordinated School Oral Health Policy Guidelines</p> <p>Activities:</p> <ul style="list-style-type: none"> • Conduct conference workshops for school nurses and coordinated school health staff. • Post the guidelines on Oral Health Kansas and Kansas Coordinated School Health websites. • Publish information in ZIPS (the school nurse web-based newsletter). • Conduct orientation for school district superintendents at regional educational service centers. 	<p>Oral Health Kansas</p> <p>Oral Health Kansas Kansas Coordinated School Health</p> <p>KDHE School Nurse Consultants</p> <p>Oral Health Kansas</p>	<p>Fall 2007</p> <p>Fall 2007</p> <p>Winter 2008</p> <p>Summer 2008</p>
<p>2. Document, Publish, and Promote Examples of School Oral Health Policies</p> <p>Activities:</p> <ul style="list-style-type: none"> • Collect examples from Schools, KDHE School Nurse Consultants, Kansas Coordinated School Health and Regional Education Service Centers and share best practices. • Communicate with schools and partners via e-mail and newsletter. • Design and implement a school oral health award program for exceptional school health programs. 	<p>Oral Health Kansas</p> <p>Oral Health Kansas</p> <p>Oral Health Kansas</p>	<p>Winter 2008 and ongoing</p> <p>On-Going</p> <p>Winter 2009</p>
<p>3. Establish and Implement a School Oral Health Evaluation System</p> <p>Activities:</p> <ul style="list-style-type: none"> • Determine evaluation criteria. • Monitor and report on evaluation. 	<p>Oral Health Kansas Kansas Coordinated School Health</p>	<p>Summer 2008 Summer 2009</p>



NATIONAL ORAL HEALTH INDICATORS

In May of 2000 Surgeon General David Satcher released *Oral Health in America*, a report identifying the “silent epidemic” of dental and oral diseases that burdens some population groups. The report called for a national effort to improve oral health among all Americans.¹ The Surgeon General recommended a national course of action that included enhancing the public’s understanding of the meaning of oral health and the relationship of the mouth to the rest of the body. The intent of the report was to increase awareness among policy makers and non-dental health professionals about the role oral health plays in obtaining overall good health. This message was heard at the Kansas oral health planning sessions and is reflected in the Kansas State Plan.

Another set of national oral health benchmarks is Healthy People 2010.² Healthy People 2010 is a comprehensive nationwide set of health indicators developed by the Center for Disease Control, the Health Resources and Services Administration, the Indian Health Service and the National Institutes of Health. Healthy People 2010 includes seventeen oral health objectives that are summarized in the table on the next page. Although Kansas does not collect data on all of the objectives, Healthy People 2010 still can be used as a target for many oral health indicators in our state.



NATIONAL ORAL HEALTH INDICATORS

HEALTHY PEOPLE 2010 ORAL HEALTH INDICATORS, TARGET LEVELS, AND CURRENT STATUS IN THE UNITED STATES AND KANSAS

<i>Healthy People 2010 Objective</i>	Target	U.S. Status	Kansas Status
21-1: Dental caries experience <i>Young children, ages 2-4</i> <i>Children, age 6-8</i> <i>Adolescents, age 15</i>	11% 42% 51%	18% 52% 61%	DNC ³ 55% DNC
21-2: Untreated caries <i>Young children, ages 2-4</i> <i>Children, ages 6-8</i> <i>Adolescents, age 15</i> <i>Adults, ages 35-44</i>	9% 21% 15% 15%	16% 29% 20% 27%	DNC 25% DNC DNC
21-3: Adults with no tooth loss , ages 35-44	42%	31%	66%
21-4: Edentulous (toothless) older adults, ages 65-74	20%	26%	21%
21-5: Periodontal diseases, adults ages 35-44 <i>Gingivitis</i> <i>Destructive periodontal diseases</i>	41% 14%	48% 22%	DNC DNC
3-6: Oral cancer mortality rates (per 100,000 persons)	2.7	3.0	2.3
21-6: Oral cancer detected at earliest stage	50%	35%	37.6% ⁴
21-7: Oral cancer exam in past 12 months, age 40+	20%	13%	DNC
21-8: Dental sealants <i>Children, age 8 (1st molars)</i> <i>Adolescents, age 14 (1st & 2n molars)</i>	50% 50%	23% 15%	34% DNC
21-9: Population served by fluoridated water systems	75%	62%	62.5%
21-10: Dental visit within past 12 months <i>Children, age 2+</i> <i>Adults, ages 18+</i>	56% 56%	44% 44%	73% 70%
21-11: Dental visit in past 12 months, adults in long-term care	25%	19%	DNC
21-12: Preventive dental care in past 12 months, low-income children and adolescents, age 0-18	57%	20%	34%
21-31: School-based health centers with oral health components, K-12	NA ⁵	NA	DNC
21-14: Community based health centers and local health departments with oral health components	75%	34%	DNC
21-15: States with system for recording and referring infants with cleft lip and palate	100%	23%	DNC
21-16: States with an oral health surveillance system	100%	NA	100%
21-17: State and local dental programs with a public health trained director	100%	NA	100%



APPENDIX A

KANSAS ORAL HEALTH SUMMIT ATTENDEES FEBRUARY 23, 2007

Yvette Alphonse	Sunflower Foundation
Graham Bailey	Blue Cross Blue Shield of Kansas
Jessica Barr	Oral Health Kansas
Mary Baskett	Kansas Head Start Association
Chris Bergkamp	Kansas Foundation for Medical Care
Barbara Berry	Junction City- Geary County Health Department
Diane Brunson	Dental Director, State of Colorado
DeWayne Bryan	Pratt Health Foundation
Kevin Cassidy	Dentist
Eldonna Chesnut	Johnson County Health Department
Barbara Conant	Kansas Department on Aging
Denise Curtis	Kansas Association for the Medically Underserved
Janette Delinger	Kansas Dental Hygienists' Association Legislative Chair
Debbie Donaldson	Sedgwick County Health Department
Bill Donigan	Dentist
Dawn Downes	REACH Healthcare Foundation
Wanda Droge	Delta Dental Foundation of Kansas
Jane Faubion	Kansas Association for the Medically Underserved
Karla Finnell	Kansas Association for the Medically Underserved
Karen Finstad	Delta Dental Foundation of Kansas
Shari Fleshman	Region VII Head Start
Charles Fox	Wichita State University College of Health Professionals
Janelle Garrison	Kansas Health Policy Authority
Faruq Ghouri	Office of Health Promotion, KDHE
Carla Gibson	REACH Healthcare Foundation
Barbara Gibson	Kansas Office of Local and Rural Health
Christina Gore	Dentist
Annette Graham	Central Plains Agency on Aging
Chrysanna Grund	Greeley-Wallace County Healthcare Foundation
Marcia Hawkes	Salina Health Education Foundation
Glenn Hemberger	President, Kansas Dental Association
Susan Hemberger	Registered Dental Hygienist
Mark Herzog	Dentist
Greg Hill	Kansas Dental Association
Liang Hong	University of Missouri – Kansas City College of Dentistry
Jennifer Hudson	Dentist, Prairie Star Health Clinic
Kathy Hunt	Extended Care Permit Dental Hygienists, KDHA

Bonnie James
Catherine Johnson
Jarrod Jones
Craig Kaberline
Jamey Kendall
Kim Kimminau
Susan Krumm
Christen Lacey
Sharon Lee
Wayne Logbeck
Patricia Long
Marcia Manter
Paula Marmet
Lougene Marsh
Denise Maseman
Michael McCunniff
Dawn McGlasson
Ileen Meyer
Kim Moore
Brenda Nickel
Tina Payne
Jan Pishny
Tim Pivonka
Krista Postai
Kevin Robertson
Howard Rodenberg
Susan Rodgers
Teresa Schwab
Letty Seidl
Caron Shipley
Jason Showman
Maggie Smet
LeAnn Smith
Douglas Stuckey
Joyce Tibbals
Sharon Tidwell
James Trotter
Becky Tuttle
Lourdes Vazquez
Lawrence Walker
Carolyn Weinhold
Katherine Weno
Suzanne Wikle
Ruth Williams
Betty Wright

Junction City- Geary County Health Department
Disability Rights Center
Dentist
Kansas Area Agencies on Aging
Services for Children with Special Health Care Needs
University of Kansas School of Medicine
Special Olympics Kansas
Registered Dental Hygienist
Southwest Blvd Family Services Clinic

KS Department of Social and Rehabilitation Services
Oral Health Kansas
Office of Health Promotion, KDHE
Flint Hills Community Health Center
Wichita State University, School of Dental Hygienists'
University of Missouri – Kansas City College of Dentistry
Kansas Office of Oral Health
Bureau of Family Health, KDHE
United Methodist Health Ministries Fund
Bureau of Family Health, KDHE
Health Ministries Clinic
Dentist
Dentist, Salina Health Center
Community Health Center of SE Kansas
Kansas Dental Association
Kansas Department of Health and Environment
Extended Care Permit Dental Hygienist
Oral Health Kansas
Kansas Health Care Association
Kansas Office of Oral Health
Chief Dental Officer, Army Nation Guard
Kansas Office of Oral Health
Smiles Change Lives Foundation
Community Health Center of SE Kansas
KU Medical Center - Wichita
Jones Foundation
Dentist
Tobacco Use Prevention Program, KDHE
Health Options for Kansas Communities
Dentist, Head Start
KS Department of Social and Rehabilitation Services
Kansas Office of Oral Health
Kansas Action for Children
EDS
Kansas Dental Board





APPENDIX B

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www.kdheks.gov/ohi



www.oralhealthkansas.org

As the state's environmental protection and public health agency, KDHE promotes responsible choices to protect the health and environment for all Kansans.

Through education, direct services and the assessment of data and trends, coupled with policy development and enforcement, KDHE will improve health and quality of life. We prevent illness, injuries and foster a safe and sustainable environment for the people of Kansas.